

Franklin County School System
2022-2023 Extended School Program Registration Form

1.802.4 – Administrative Procedure

Fee Paid: _____ Date Paid: _____ Received By: _____ Check #: _____

Date of Completed Registration & Admission:	School:	
Child's Full Name:	Grade:	Age:
Name Child Prefers to be Called:	Date of Birth:	
Mother's Name:	Father's Name:	
Mother's Address:	Father's Address:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
Place of Employment and address:	Place of Employment and address:	

Transportation Information:

To ensure the safety of your child, please list other adults to whom your child may be released or adults authorized to provide transportation for your child.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any adult who is NOT AUTHORIZED to pick up your child

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Factors that determine if ESP can open and remain open:

- ❖ A site has met the required number of registrations/enrollments. (15)
- ❖ The site can maintain the required number of registrations/enrollments. (15)
- ❖ Child care fees must be paid on time prior to the month of service. Enrollment numbers drop when fees are not paid as children are not allowed to attend until the fees are paid for the month.
- ❖ A site must have enough qualified, trained staff available to work to meet the adult:child ratio mandated by the TN Department of Education.

Fall 2022.

ESP is offering after school child care only on days that Franklin County Schools are open. On these days ESP will operate Monday through Friday from 3:00 - 6:00 pm. ESP will be open the three abbreviated days, September 30, December 20, and May 24 from 9:30 am - 6:00 pm if there is a need. ESP will not be open any day that school is not in session, holidays, professional development days, fall, winter, spring breaks, and closure or early dismissal for inclement weather.

*Any closure due to inclement weather will be reflected on the May statement as a credit if you had paid for your child to attend on a day that FC school closed due to weather conditions.

Please select the days your child will be attending the ESP Program. We must know the days you will need services in order to meet guidelines on the number of ESP staff required. Please note that payment will be due for the days you select on the Friday prior to the week of childcare service. And for the days your child is enrolled you must make payment even if your child does not attend. Hours of operation: 3:00 PM – 6:00 PM Afternoon sessions & 7:00 AM – 6:00 PM.

Please select the days [specific days weekly or all 5 days weekly] for each child. Days must be the same for each week. No exceptions.

Afternoon session	Child's name	ESP Afternoon Session	Daily Fee	Select days your child/children will attend weekly by placing a ✓ checkmark. Select specific days or all 5 days.					
	1		3:00 PM – 6:00 PM Regular school days	\$10	Monday	Tuesday	Wednesday	Thursday	Friday
2		3:00 PM – 6:00 PM Regular school days	\$8 each additional child	Monday	Tuesday	Wednesday	Thursday	Friday	ALL 5 DAYS
3		3:00 PM – 6:00 PM Regular school days	\$8 each additional child	Monday	Tuesday	Wednesday	Thursday	Friday	ALL 5 DAYS

***CHANGES** - If you need to make changes in the days of the week that your child attends ESP, this change must be made in writing and at least one week in advance of the next month's payment due date. The changes should be made for a specific, valid reason.

Please add any special notes about days scheduled:

Abbreviated Full Days	✓ the days	ESP Full Day	Daily Fee	Children's names
	Sept. 30	9:30 AM – 6:00 PM	\$20 \$18 each additional child Due with Sept. monthly payment	
	Dec. 20	9:30 AM – 6:00 PM	\$20 \$18 each additional child Due with Dec. monthly payment	
	May 24	9:30 AM – 6:00 PM	\$20 \$18 each additional child Due with May monthly payment	

Other Information:
Are immunizations current? Yes ___ No ___
Please list any allergies or medical conditions of which the ESP staff should be aware:
Name of Physician:
Phone Number:
Address:
Does your child have any behavior issues or disabilities that the ESP staff should be made aware? Please provide an Explanation on the bottom of this Registration Form.